

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

57022310

Registration District No. 316 Primary Registration District No. 6075- Registrar's No. 193

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PERRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON-St. Francois Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN BELGIQUE Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. #4 Length of stay in lb 38Y; 5M; 14 das.				d. STREET ADDRESS 0790 (If outside, give location) 0 Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JACOB Middle HENRY Last VAN VOOREN				4. DATE OF DEATH Month JUNE Day 5 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 14, 1879	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 4 Days 21 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE			
11. BIRTHPLACE (City and state or country) 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME BERNARD VAN VOOREN				14. MOTHER'S MAIDEN NAME SOPHIA STEYNS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO				16. SOCIAL SECURITY NO. 		17. INFORMANT Address JOE VAN VOOREN, BELGIQUE, MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mental Deficiency (Imbecile).							INTERVAL BETWEEN ONSET AND DEATH 5 das. Unknown.
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 6, 1952 to June 5, 1957 and last saw him alive on June 5, 1957 Death occurred at 1:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John A. Boennan, M.D.				22b. ADDRESS State Hospital No. 4, Farmington, Mo.		22c. DATE SIGNED 6-5-57	
23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE June 5, 1957		23c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		23d. LOCATION (City, town, or county) (State) Belgique, Mo.	
24. FUNERAL DIRECTOR ADDRESS Albert Bey, Perryville, Mo.				25. DATE RECD. BY LOCAL REG. June 5, 1957		26. REGISTRAR'S SIGNATURE Esther Rudloff	

Licensed Embalmer's Statement on Reverse Side

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~and by~~, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.